



2027 Voting Delegate Authorization

State of: _____

Agency Name: _____

Shellfish Program
Responsibility: _____

Name & Title of
Voting Delegate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Extension: _____ Fax Number: _____

Email: _____

Name & Title of
Alternate Voting
Delegate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Extension: _____ Fax Number: _____

Email: _____

Portion of your State's vote to be cast by your Agency's Voting Delegate: 0 1/2 0 1/3

Other agencies in your State that will designate Voting Delegates and the portion of the State vote that will be cast by these delegates:

Agency: _____ Portion of State vote: D 1/2 0 1/3

Agency: _____ Portion of State vote: D 1/2 0 1/3

The State of _____ agrees to support the goals and concepts of the Interstate Shellfish Sanitation Conference in developing guidelines for the National Shellfish Sanitation Program which provides public health protection to consumers of molluscan shellfish.

Signature of Agency Head

Name and Title

Please return original completed form to:
Interstate Shellfish Sanitation Conference
4801 Hermitage Road, Ste 102
Richmond, VA 23227

Note:
Attending Voting Delegates should have a copy of this
authorization in their possession

Thank you
Phone 804-330-6380
Email issc@issc.org